

MINUTES

JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

October 31, 2007

Room 643, Legislative Office Building

The Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services (LOC) met on Wednesday, October 31, 2007 in Room 643 of the Legislative Office Building. Members present were Senator Martin Nesbitt, Co-Chair; Representative Verla Insko, Co-Chair; Senators Austin Allran, Bob Atwater, Janet Cowell, Charlie Dannelly, James Forrester, Vernon Malone, and William Purcell, and Representatives Jeff Barnhart, Beverly Earle, Bob England, Carolyn Justus, and Fred Steen. Advisory members, Senator Larry Shaw and Representatives Van Braxton and William Brisson were present.

Kory Goldsmith, Shawn Parker, Susan Barham, Andrea Poole, Melanie Bush, and Rennie Hobby provided staff support to the meeting. Attached is the Visitor Registration Sheet that is made a part of the minutes. (See Attachment No. 1)

Representative Verla Insko, Co-Chair, called the meeting to order and welcomed members and guests. She recognized Senator Bob Atwater who is serving his first term as a member of the committee, and welcomed Representative Pat Hurley who was in attendance. Representative Insko then asked for a motion to approve the minutes from the September 25, 2007 meeting. Representative Barnhart made the motion and the minutes were approved.

Representative Insko said that if there was one group that is given less money and less attention, it would be those with addiction disease. She said that she and Senator Nesbitt had decided that it was time to focus on this issue, learn about the most current research, best practice treatments, and what is going on around the country that North Carolina might be able to benefit from.

Representative Insko informed the committee that the Performance Measurement in Addictions Treatment Programs is a series of briefings offered to state legislatures through a collaborative effort of the State Associations of Addiction Services (SAAS), the National Conference of State Legislatures (NCSL) and the Treatment Research Institute (TRI). The project is funded by the Substance Abuse and Mental Health Services Administration under the Partners for Recovery Initiative through a contract with Abt Associates Incorporated.

Representative Insko introduced Dr. Thomas McLellan, CEO of the Treatment Research Institute. Dr. McLellan said that his presentation would show that significant work had been done in the treatment for addiction, but that a lot had been done wrong. . He offered some options that might help get the kind of care that everyone wants. (See Attachment

No. 2) He said there were prominent talk therapies that were evidence based practice that had been shown to be effective in the treatment of addiction, and medications were available on the market that were effective. He said that only 10% of those who could receive addiction treatment seek treatment. Dr. McLellan reviewed reasons the programs could not deliver quality care, citing problems with the infrastructure: changes in service operation; staff turnover, ill-prepared directors. He pointed out that chronic illnesses were treated very differently from addiction, but gave examples where genetic, metabolic, and behavioral factors were found in both.

Dr. McLellan said that the evaluation of addiction treatment may have been done the wrong way. He suggested that perhaps there was no cure for addiction, that perhaps most cases of addiction require continuing care like a chronic illness. Dr. McLellan said there was a standard assessment called the Addiction Severity Index (ASI) which asks patients the nature of their problem. By using a computer program linking ASI and the United Way's First Call for Help, counselors are able to unite free services to clients. He said a study indicated those clients with access to services stayed in treatment longer – 60% dropout rate in the standard program, and only 20% dropout in treatment for those with counselors using the new computer program. Outcomes were only followed for 6 months but currently data is being studied where the outcomes were followed for longer periods of time. Dr. McLellan went on to describe how the system worked in Delaware.

Concluding, Dr. McLellan said the specialty care system in the United States was not in good shape. He said detox-only and repeated detox does not work. Positive changes can happen with the new science, new technology, and government working with treatment providers. He said that the purchasing must change in order to set the conditions under which the system will respond. Ideally what is needed is the kind of care that gradually turns from treatment management into self-management. Flo Stein, Division of MHDDAS, was asked how many providers in North Carolina had adopted this model. She responded that the pieces were in place to support the model, but making the connection was the difficult part. The components are there but more work is needed to bring it together.

Members of the committee agreed that Dr. McLellan's presentation was a departure from the standard way substance abuse is normally treated. It was suggested that a model be implemented. It was also noted that crisis services could offer the continuum of care aspect of treatment, and that building a strong provider network was important.

Dr. Mady Chalk, Director, Center for Performance Based Policy, Treatment Research Institute, spoke generally on different tools available for funding service systems. She addressed how to move the treatment system, the management system, and financial assistance to focus on the continuum of care. (See Attachment No. 3) Dr. Chalk reviewed the many ways of funding treatment services in the public sector and for the infrastructure. She discussed the pros and cons of contracts and grants. She emphasized that the success of a network could be traced to its design, so it was important to hire an organization to integrate the different parts of a network to assure success. She reviewed questions that needed to be asked and gave examples of how other states contract

services. Dr. Chalk also emphasized the importance of having continuum of care in order to track clients after the 12 week program. She listed several states that had had very positive results with the system.

Next, Kim Johnson, ACTION Campaign Director, a project of the Network to Improve Addiction Treatment at the University of Wisconsin, addressed performance based contracting in Maine, and how to implement different ways of funding service systems, and to evaluate the results. (See Attachment No. 4) She said that reports shared annually with providers included an efficiency report which detailed how many units of service were contracted, how many units were purchased, and the percentage of those that had been met. Outcome measures were looked at along with abstinence, criminal justice involvement, and the involvement of self-help. Ms. Johnson said that the criteria created were used in Maine for about 15 years. Detailed data was collected early on and part of the licensing regulations required that data be submitted to the state on all clients. She emphasized the importance of clear quality data collection, and a clear understanding of what performance standards are trying to be achieved. Ms. Johnson then described pilot projects tried by providers that created a different way for contracting services. She explained how Maine had implemented a new performance based contract that rewarded or penalized according to performance. She reviewed the types of payment systems detailing fee for service. She said that Maine was looking at a system used in Texas that tracks electronic medical records for substance abuse which enables providers to track people over a long period of time.

Members commented on the fact that data collection was an ongoing problem in North Carolina. Data is being collected but does not get back to a central point to be compiled and put to good use. Another concern voiced was the unequal distribution of funds across the State. It was stated that both problems were critical and needed to be resolved before implementation could take place on anything discussed today.

Leza Wainwright told those attending that North Carolina was fortunate to have the leadership of Flo Stein who is the current president of the National Association of State Alcohol and Drug Abuse Directors.

There being no further business, the meeting adjourned at 2:55 PM.

Senator Martin Nesbitt, Co-Chair

Representative Verla Insko, Co-Chair

Rennie Hobby, Committee Assistant